

WORKERS' COMPENSATION

INJURED EMPLOYEE CHECKLIST

- Report injury to employer and obtain a copy of the Form 100 filed by the employer. Should employer fail to file a Form 100, you can file an Employee's Report of Claim (Form 117).
- Make copies of any and all papers; to include accident reports, documents, pay stubs, letters, medical cites, etc.
- Obtain disability and/or restriction slip from doctor(s). This is required to continue all disability benefits (workers' compensation, no fault, short-term and long-term disability).
 - **Always follow your doctor's restrictions and medical advice.**
- Have your doctor complete the Physician's Statement (Form UIA 1915) in order to freeze unemployment benefits and follow directions outlined on Unemployment Information sheet.
- If your injury occurred due to a motor vehicle accident, request a No-Fault Application for Benefits form.
- Keep a record of all mileage to and from medical appointments (doctors' offices, hospital visits, physical therapy, etc.) using a travel/mileage reimbursement form. Mileage is to be reimbursed at the travel reimbursement rate (http://michigan.gov/documents/wca/Travel_Reimbursement_Rates_209261_7.htm) at the time of travel.
 - **Send all requests for mileage certified mail return receipt requested and keep the signed receipts.** Keep a copy of the Mileage Request Form for your records.
- Do not attend any medical examinations scheduled by the Employer/Insurance Company unless you receive a check for mileage prior to the date of the exam.
- When you do attend an examination by a doctor that the Employer/Insurance Company has scheduled. **DO NOT SIGN ANY FORMS OR MEDICAL RELEASES** without first contacting our office. Also, do not wait more than one hour at the doctor's office. Contact our office and we will advise you what to do.
- When attending medical examinations scheduled by **your attorney's** office, take all medical records, CT scans, MRI films and/or x-rays so that the doctor may review them.
- Send a request to your employer by certified mail requesting all information on the benefits you have as a result of your employment, i.e. Family Medical Leave benefits, sickness and accident benefits, short-term/long-term disability, disability pension benefits and wage continuation benefits (keep a copy of the letter for your records).
 - Contact our office for a sample letter.
- If you receive a certified letter/return receipt requested and **it is from your employer**, sign for it. If the letter **is not from your employer DO NOT SIGN FOR IT** until you have talked with our office.
- **DO NOT** provide **ANY** information concerning your medical condition or workers' compensation case to someone who contacts you by phone. Refer all phone inquiries to our office.
- If you are a member of a union, keep your union days paid to avoid loss of benefits.